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 Alexandria, Virginia 22313-1450
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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/807,405	03/24/2004	Hiroyuki Umezawa	492322017000

25227
 MORRISON & FOERSTER LLP
 1650 TYSONS BOULEVARD
 SUITE 300
 MCLEAN, VA 22102

CONFIRMATION NO. 3863

FORMALITIES LETTER



OC000000012865577

Date Mailed: 06/03/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

07/28/2004 WABDELRI 00000128 031952 10807405

FILED UNDER 37 CFR 1.53(b)

01 FC:1001 770.00 DA
 02 FC:1051 130.00 DA
 03 FC:1201 258.00 DA
 04 FC:1202 540.00 DA
 05 FC:1203 290.00 DA

*Filing Date Granted*Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 770 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of **\$1088** as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$1988** for a Large Entity


- **\$770** Statutory basic filing fee.
- **\$130** Late oath or declaration Surcharge.

- Total additional claim fee(s) for this application is **\$1088**

- **\$258** for **3** independent claims over 3.
- **\$540** for **30** total claims over 20.
- **\$290** for multiple dependent claim surcharge.

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

*A copy of this notice **MUST** be returned with the reply.*



Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



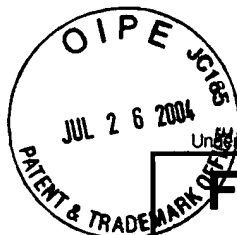
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/807,405
		Filing Date	March 24, 2004
		First Named Inventor	Hiroyuki UMEZAWA
		Art Unit	1724
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	1	Attorney Docket Number	492322017000

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Notice to File Missing Parts Declaration and Power of Attorney
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP Barry E. Bratschneider - 28,055
Signature	
Date	July 26, 2004



<h1 style="margin:0;">FEE TRANSMITTAL</h1> <h2 style="margin:0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																																			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/807,405																																																																																																																																																																																																																																																		
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METHOD OF PAYMENT (check all that apply) <div style="display: flex; justify-content: space-between; font-size: x-small;"><div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div><input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP</div></div> <p style="font-size: x-small;">The Director is authorized to: (check all that apply)</p> <div style="display: flex; justify-content: space-between; font-size: x-small;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</div><div><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</div></div> <div style="font-size: x-small;"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>		FEE CALCULATION (continued)																																																																																																																																																																																																																																																			
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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	Barry E. Bretschneider	Registration No. (Attorney/Agent)	28,055
Signature		Telephone	(703) 760-7743
		Date	July 26, 2004